

2019-20 Legislative Session				Current as of 4/24/2020
Top bills CCJBH is monitoring				
Bill Number	Author	Subject	Bill Summary	Current Status
<b>Mental &amp; Behavioral Health</b>				
<a href="#">AB 1938</a>	Eggman	Mental Health Services Act: inpatient treatment funding (Introduced 1/16/20).	This bill would specify that the <b>Mental Health Services Act (MHSA) may be used to provide inpatient treatment, including involuntary treatment of a patient who is a danger to self or others or gravely disabled</b> , in specified settings, including an acute psychiatric hospital, an institution for mental disease, and a mental health rehabilitation center, as defined.	Ref to Health Committee
<a href="#">AB 1946</a>	Santiago	Mental health services: involuntary detention (Introduced 1/17/2020).	Existing law, the Lanterman-Petris-Short Act, authorizes the involuntary commitment and treatment of persons with specified mental health disorders for the protection of the persons so committed. Under the act, if a person, as a result of a mental health disorder, is a danger to others, or to themselves, or is gravely disabled, the person may, upon probable cause, be taken into custody by a peace officer, a member of the attending staff of an evaluation facility, designated members of a mobile crisis team, or another designated professional person, and placed in a facility designated by the county and approved by the State Department of Social Services as a facility for 72-hour treatment and evaluation. The act also authorizes a conservator of the person, of the estate, or of both, to be appointed for a person who is gravely disabled as a result of a mental health disorder. For these purposes, existing law defines "gravely disabled" to mean either a condition in which a person, as a result of a mental health disorder or chronic alcoholism, is unable to provide for the person's basic personal needs for food, clothing, or shelter, or a condition in which a person has been found mentally incompetent, as specified. <b><i>This bill would state the intent of the Legislature to enact legislation to reform the Lanterman-Petris-Short Act, including expanding the definition of "gravely disabled" to add a condition in which a person is unable to provide for their own medical treatment as a result of a mental health disorder, and emphasizing the necessity to create policies that prioritize living safely in communities.</i></b>	Introduced
<a href="#">AB 1976</a>	Eggman	Mental health services: assisted outpatient treatment (Introduced 1/22/2020)	The Assisted Outpatient Treatment Demonstration Project Act of 2002, known as <b>Laura's Law</b> , until <b>January 1, 2022</b> , authorizes each county to elect to offer specified mental health programs either through a resolution adopted by the county board of supervisors or through the county budget process if the county board of supervisors makes a finding that specified mental health programs will not be reduced as a result of participating. Existing law authorizes participating counties to pay for the services provided from moneys distributed to the counties from various continuously appropriated funds, including the Mental Health Services Fund, when included in a county plan, as specified. <b><i>This bill would instead require a county or group of counties to offer those mental health programs unless a county opts out by a resolution passed by the governing body stating the reasons for opting out and any facts or circumstances relied on in making that decision. The bill would also authorize a county to instead offer those mental health programs in combination with one or more counties, as specified. The bill would also repeal the expiration of Laura's Law, thereby extending it indefinitely.</i></b>	Hearing Postponed-Health
<a href="#">AB 2242</a>	Levine	Mental health services. (Introduced: 2/13/2020)	Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires an individual or small group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2017, to include coverage for essential health benefits, which include mental health services. <b><i>This bill would require a health care service plan or a health insurance policy issued, amended, or renewed on or after January 1, 2021, that includes coverage for mental health services to, among other things, approve the provision of mental health services for persons who are detained for 72-hour treatment and evaluation under the Lanterman-Petris-Short Act and to schedule an initial outpatient appointment for that person with a licensed mental health professional on a date that is within 48 hours of the person's release from detention. The bill would prohibit a noncontracting provider of covered mental health services from billing the previously described enrollee or insured more than the cost-sharing amount the enrollee or insured would pay to a contracting provider for those services. Because a willful violation of the bill's requirement by a health care service plan would be a crime, the bill would impose a state-mandated local program.</i></b>	Ref to Health Committee
<a href="#">AB 2015</a>	Gipson	Mental illness and substance use disorder: restorative care program: pilot projects. (Introduced: 3/10/2020)	Existing law authorizes a peace officer or a professional designated by the county to take a person into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment, when the person is a danger to self or others, or is gravely disabled, as a result of a mental health disorder. Existing law also authorizes a court to order the evaluation of a person who is alleged to be a danger to self or others as a result of a mental disorder, or the evaluation of a criminal defendant who appears to be a danger to self or others, or to be gravely disabled, as a result of chronic alcoholism or the use of narcotics or restricted dangerous drugs. Existing law authorizes a person who is detained or under court order pursuant to those provisions to be certified, under certain conditions, for not more than 14 days of intensive treatment related to the mental health disorder or impairment by chronic alcoholism. <b><i>This bill would authorize the evidence presented in support of the certification decision to include information regarding the person's medical condition and how that condition bears on certifying the person as a danger to themselves or to others or as gravely disabled. The bill would require the hearing officer to consider the information in the determination of probable cause.</i></b>	Hearing Postponed-Health
<a href="#">AB 2265</a>	Quirk-Silva	Mental Health Services Act: use of funds for substance use disorder treatment. (Introduced: 2/14/2020)	Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, funds a system of county mental health plans for the provision of mental health services, as specified. The act establishes the Mental Health Services Fund, which is continuously appropriated to, and administered by, the State Department of Health Care Services to fund specified county mental health programs. <b><i>This bill would authorize funding from the MHSA to be used to treat a person with co-occurring mental health and substance use disorders when the person would be eligible for treatment of the mental health disorder pursuant to the MHSA. The bill would also authorize the use of MHSA funds to assess whether a person has co-occurring mental health and substance use disorders and to treat a person who is preliminarily assessed to have co-occurring mental health and substance use disorders, even when the person is later determined not to be eligible for services provided with MHSA funds. The bill would require a person being treated for co-occurring mental health and substance use disorders who is determined to not need the mental health services that are eligible for funding pursuant to the act, to be, as quickly as possible, referred to substance use disorder treatment services. By authorizing the use of continuously appropriated funds for a new purpose, this bill would make an appropriation</i></b>	Ref to Health Committee

<a href="#">AB 2266</a>	Quirk-Silva	<b>Mental Health Services Act: use of funds for substance use disorder treatment.</b> (Introduced: 2/14/2020)	Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, funds a system of county mental health plans for the provision of mental health services, as specified. The act establishes the Mental Health Services Fund, which is continuously appropriated to, and administered by, the State Department of Health Care Services to fund specified county mental health programs. <b>This bill would require the department to establish a pilot program in up to 10 counties, as specified, and would authorize funding from the MHSA, commencing January 1, 2022, and continuing until January 1, 2027, to be used by participating counties to treat a person with co-occurring mental health and substance use disorders when the person would be eligible for treatment of the mental health disorder pursuant to the MHSA. The bill would also authorize participating counties during the specified time period to use MHSA funds to assess whether a person has co-occurring mental health and substance use disorders and to treat a person who is preliminarily assessed to have co-occurring mental health and substance use disorders, even when the person is later determined not to be eligible for services provided with MHSA funds. The bill would require a person being treated for co-occurring mental health and substance use disorders who is determined to not need the mental health services that are eligible for funding pursuant to the act, to be, as quickly as possible, referred to substance use disorder treatment services.</b>	Ref to Health Committee
<a href="#">AB 2404</a>	Ramos	<b>Mental health: involuntary commitment.</b> (Introduced: 2/18/2020)	Existing law, the Lanterman-Petris-Short Act, provides for the involuntary commitment and treatment of persons with specified mental disorders and for the protection of the persons so committed. Under existing law, when a person, as a result of mental disorder, is a danger to self or others, or gravely disabled, the person may, upon probable cause, be taken into custody by a peace officer, member of the attending staff of an evaluation facility, designated members of a mobile crisis team, or other designated professional person, and placed in a facility designated by the county and approved by the State Department of Social Services. Existing law authorizes, if a designated facility assesses and admits the person, the facility to detain the person for evaluation and treatment for a period not to exceed 72 hours. This bill would make technical, nonsubstantive changes to those provisions. <b>(Spot bill)</b>	Introduced
<a href="#">AB 2899</a>	Jones-Sawyer	<b>Mental health: involuntary commitment.</b> (Introduced: 2/21/2020)	Existing law, the Lanterman-Petris-Short Act, provides for the involuntary commitment and treatment of persons with specified mental disorders for the protection of the persons so committed. Under the act, when a person, as a result of mental health disorder, is a danger to others, or to themselves, or gravely disabled, the person may, upon probable cause, be taken into custody by a peace officer, member of the attending staff of an evaluation facility, designated members of a mobile crisis team, or other designated professional person, and placed in a facility designated by the county and approved by the State Department of Social Services as a facility for 72-hour treatment and evaluation. Existing law also provides for the involuntary commitment and treatment of persons for 72 hours following a court-ordered evaluation that determines the person, as a result of a mental health disorder, or as a result of impairment by chronic alcoholism, is a danger to self or others, or is gravely disabled. <b>This bill would authorize the person, after being detained for the initial 72 hours, to be certified for that intensive treatment for a period longer than 14 days, as determined by the professional staff providing the evaluation, and under those same conditions.</b>	Hearing Postponed-Health
<a href="#">AB 2914</a>	Rivas, Robert	<b>Mental health.</b> (Introduced: 2/21/2020)	Existing law requires the <b>Department of Corrections and Rehabilitation</b> to conduct assessments of all inmates regarding the inmate's history of substance abuse, medical and mental health, education, family background, criminal activity, service in the Armed Forces of the United States, and social functioning for use in placing the inmate in programs that will aid in gender neutral language reentry to society and that will most likely reduce the inmate's chances of reoffending. Existing law also authorizes a person in custody who has been charged with, or convicted of, a criminal offense to apply for inpatient or outpatient mental health services. <b>This bill would state the intent of the Legislature to enact legislation to ensure that all individuals encountering the criminal justice system and who are experiencing a mental health crisis or mental illness receive the proper care and treatment.</b>	Introduced
<a href="#">AB 2958</a>	Maienschein	<b>Mental Health Services Act: Behavioral Health and Justice Center of Excellence.</b> (Introduced: 2/21/2020)	Existing law sets forth various procedures relating to medical treatment of inmates in county jails, including, among other things, involuntary commitment and treatment of a person who is a danger to oneself or others and voluntary application for inpatient or outpatient mental health services. <b>This bill would require, on or before January 1, 2023, the State Department of Health Care Services, in consultation with the Council on Criminal Justice and Behavioral Health and the Mental Health Services Oversight and Accountability Commission, and in partnership with the University of California, to establish and maintain the Behavioral Health and Justice Center of Excellence to provide counties and local agencies with centralized access to data, training, resources, and services to aid in the facilitation and coordination of efforts to serve individuals with mental illness who are involved in the criminal justice system. The bill would require the department to partner with the University of California to have multiple branch locations at the various University of California campuses across the state, and to be staffed with trained multidisciplinary teams, as specified. The bill would require those centers of excellence to be funded with state administrative funds provided under the act. By authorizing a new use of MHSA moneys, this bill would amend the MHSA. This bill would declare that this amendment is consistent with and furthers the purposes of the act.</b>	Hearing Postponed-Health
<a href="#">AB 3130</a>	Kiley	<b>Behavioral health: hospital treatment.</b> (Amendment: 3/9/2020)	Existing law requires emergency services and care to be provided to any person requesting the services or care, or for whom services or care is requested, for any condition in which the person is in danger of loss of life, or serious injury or illness, at a licensed health facility, as described, that maintains and operates an emergency department, as specified. Existing law prohibits a person needing emergency services and care from being transferred from a hospital to another hospital for any nonmedical reason unless specified conditions are met. Existing law makes a hospital that is found by the State Department of Public Health to have committed or to be responsible for a violation of these and other specified requirements subject to a civil penalty. Under existing law, when a person, as a result of mental health disorder, is a danger to self or others, or is gravely disabled, the person may, upon probable cause, be taken into custody and placed in a facility designated as specified for up to 72 hours for evaluation and treatment. <b>This bill would require the department to develop and issue, no later than January 1, 2023, best practices for discharging a patient from an emergency department of a hospital if a patient presents behavioral health concerns, is to be released from the hospital, and is not to be taken into custody as a result of a mental health disorder, as described above.</b>	Ref to Health Committee
<a href="#">AB 3188</a>	Wood	<b>Mental health: involuntary treatment.</b> (Introduced: 2/21/2020)	Existing law, the Lanterman-Petris-Short Act, provides for the involuntary commitment and treatment of persons with specified mental disorders for the protection of the persons committed. Under the act, when a person, as a result of a mental health disorder, is a danger to others, or to themselves, or gravely disabled, the person may, upon probable cause, be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. <b>This bill would make technical, no substantive changes to those provisions.</b>	Introduced

<a href="#">SB 803</a>	Beall	Mental health services: peer support specialist certification (Introduced 1/8/20).	This bill would state the intent of the Legislature to create a peer support specialist certification program administered by the <b>Department of Consumer Affairs</b> . However, the bill will also require the State Department of Health Care Services to amend the Medicaid state plan to include a certified peer support specialist as a provider type and include peer support specialist services as a distinct service type for purposes of the Medi-Cal program. The bill would require Medi-Cal reimbursement for peer support specialist services to be implemented only if, and to the extent that, federal financial participation is available and the department obtains all necessary federal approvals.	Amended 3/26/20 Re-Refer to Health
<b>Health</b>				
<a href="#">SB 854</a>	Beall	Health care coverage: Substance use disorders (Introduced 1/14/20).	This bill would require health care service plans and health insurers that provide prescription drug benefits for the treatment of substance use disorders to place prescription medications approved by the United States Food and Drug Administration (FDA) on the lowest cost-sharing tier of the plan or insurer's prescription drug formulary. <b>The bill would impose various prohibitions on those plans and insurers, including a prohibition on prior authorization requirements on, or any step therapy requirements before authorizing coverage for, a prescription medication approved by the FDA for the treatment of substance use disorders.</b> The bill would require those plans and insurers to make specified disclosures online and in printed provider directories, including which providers provide medication-assisted treatment services, and would state that these provisions do not apply to health care service plan contracts or health insurance policies for health care services or coverage provided in the Medi-Cal program.	Ref to Health Committee
<a href="#">SB 855</a>	Wiener	Health coverage: mental health or substance abuse disorders (Introduced 1/14/20).	<b>This bill strengthens the California Parity Act to require insurers cover medically necessary treatment for all mental health and substance use disorders, not just in emergency care.</b> This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, that provides hospital, medical, or surgical coverage to provide coverage for the diagnosis and medically necessary treatment of mental health and substance use disorders, as defined, under the same terms and conditions applied to other medical conditions. <b>The bill would prohibit a health care service plan or health insurer from limiting benefits or coverage for chronic or pervasive mental health and substance use disorders to short-term or acute treatment.</b>	Ref to Health Committee
<a href="#">AB 2131</a>	Rodriguez	Emergency ambulance employees: mental health treatment. (Introduced: 2/10/2020)	Under existing law, every emergency ambulance employee is entitled to employer-paid mental health services through an employee assistance program (EAP). Existing law requires the EAP coverage to provide up to 10 mental health treatments per issue, per calendar year. <b>This bill would require a private emergency ambulance provider to provide an emergency ambulance employee who requests mental health treatment for critical incident stress management, as defined, or post-traumatic stress disorder (PTSD), in addition to the EAP coverage described above, in-person treatment from a qualified professional who is trained in the areas of critical incident stress management or PTSD</b>	Introduced
<a href="#">SB 863</a>	Bates	Alcohol and other drug abuse recovery services: advertising and marketing. (Amended: 2/20/2020)	Existing law makes the State Department of Health Care Services the sole authority in state government to license adult alcoholism or drug abuse recovery or treatment facilities and prohibits a person, firm, corporation, or other specified entity from operating that type of facility without a valid license. Existing law also prohibits specified persons, programs, or entities from giving or receiving remuneration or anything of value for the referral of a person who is seeking alcoholism or drug abuse recovery and treatment services. Existing law authorizes the department to investigate allegations of violations of that prohibition and to impose sanctions for a violation, including assessing a penalty upon, or suspending or revoking the license or certification of, a facility. <b>This bill, would enact Brandon's Law, which would prohibit an operator of a licensed alcoholism or drug abuse recovery or treatment facility or a certified alcohol or other drug program from engaging in various acts, including making a false or misleading statement about the entity's products, goods, services, or geographical locations. The bill would also prohibit a picture, description, staff information, or the location of an entity from being included on an internet website along with false contact information that surreptitiously directs the reader to a business that does not have a contract with the entity.</b>	Hearing Postponed-Health
<b>Medi-Cal</b>				
<a href="#">AB 1994</a>	Holden	Eligibility. (Amended 3/16/2020)	Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law provides for the suspension of Medi-Cal benefits to an inmate of a public institution, which ends on the date they are no longer an inmate of a public institution or one year from the date they become an inmate of a public institution, whichever is sooner. Existing law requires county welfare departments to notify the department within 10 days of receiving information that an individual who is receiving Medi-Cal is or will be an inmate of a public institution. Existing law generally requires a county to redetermine a Medi-Cal beneficiary's eligibility to receive Medi-Cal benefits every 12 months and whenever the county receives information about changes in a beneficiary's circumstances that may affect their eligibility for Medi-Cal benefits. <b>This bill would instead require the suspension of Medi-Cal benefits to an inmate of a public institution to end on the date they are no longer an inmate of a public institution or 3 years from the date they become an inmate of a public institution, whichever is sooner. The bill would conform state law with those specified federal provisions, and would impose those responsibilities on county welfare departments. The bill would require the county welfare department to suspend Medi-Cal benefits to an eligible juvenile in conformity with the above-specified suspension standard. Because counties are required to make Medi-Cal eligibility determinations, and the bill would expand Medi-Cal determinations of eligibility</b>	Amended 3/16/20-Re-Refer to Health

<a href="#">AB 2170</a>	Rubio, Blanca	Eligibility: redetermination. (Introduced: 2/11/2020)	Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law provides for the suspension of Medi-Cal benefits to an inmate of a public institution, and requires county welfare departments to notify the department within 10 days of receiving information that an individual who is receiving Medi-Cal is or will be an inmate of a public institution. Existing law generally requires a county to redetermine a Medi-Cal beneficiary's eligibility to receive Medi-Cal benefits every 12 months and whenever the county receives information about changes in a beneficiary's circumstances that may affect their eligibility for Medi-Cal benefits. <b>This bill would require a county welfare department to conduct a redetermination of eligibility for the Medi-Cal program for any juvenile who is either detained at a juvenile detention center or an inmate of a public institution, and would provide that Medi-Cal eligibility be restored upon their release from that facility if they meet eligibility requirements. Because counties are required to make Medi-Cal eligibility determinations, and the bill would expand Medi-Cal determinations of eligibility for eligible juveniles in public institutions, the bill would impose a state-mandated local program.</b>	Ref to Health Committee
<b>Housing &amp; Homelessness</b>				
<a href="#">AB 570</a>	Aguiar-Curry	Local Government Investment Act. (Amended: 3/25/2019)	Existing law, known as the Proposition 218 Omnibus Implementation Act, defines various terms and prescribes procedures and parameters for local jurisdictions to comply with specified provisions of the California Constitution. <b>This bill would define the term "affordable housing" for purposes of specified provisions of the California Constitution to include a first-time home buyer program offered by a local agency. The bill would also specify that a parcel tax imposed pursuant to a specified constitutional provision may include an exemption for persons who are 65 years of age or older, receiving Supplemental Security Income for a disability, or receiving Social Security Disability Insurance Benefits and whose yearly income does not exceed specified amounts.</b>	Amended 3/26/20 Re-Refer to Health Committee
<a href="#">AB 2174</a>	Gallagher	Homeless multidisciplinary personnel teams. (Amended 3/16/2020)	Existing law authorizes a county to establish a homeless adult and family multidisciplinary personnel team, as defined, with the goal of facilitating the expedited identification, assessment, and linkage of homeless individuals to housing and supportive services within that county and to allow provider agencies to share confidential information for the purpose of coordinating housing and supportive services to ensure continuity of care. <b>This bill would additionally authorize the Counties of Yuba and Sutter to jointly establish a homeless adult and family multidisciplinary personnel team.</b>	Amended 3/16/20-Re-Refer to Human Services Committee
<a href="#">AB 2589</a>	Maienschein	No Place Like Home Program: permanent supportive housing. (Introduced: 2/20/2020)	Existing law, the No Place Like Home Program (NPLH), as ratified and amended by Proposition 2, which was approved by the voters at the November 6, 2018, statewide general election, provides funding to provide permanent supportive housing for the target population, which is defined to include individuals who have a serious mental disorder and who are homeless, chronically homeless, or at risk of chronic homelessness. Existing law defines permanent supportive housing to mean housing with no limit on length of stay, that is occupied by the target population, and that is linked to onsite or offsite services, as specified. Existing law makes the Department of Housing and Community Development the administrator of the NPLH and establishes the continuously appropriated No Place Like Home Fund for purposes of the NPLH. Existing law requires the department to develop a competitive application process for the purpose of awarding moneys to counties pursuant to the NPLH, but also authorizes the department to establish an alternative process for allocating funds directly to counties with at least 5% of the state's homeless population and requires the department to adopt guidelines establishing the parameters of an alternative process, if it is established. Existing law authorizes the Legislature to amend Proposition 2 by a 2/3 vote, so long as the amendment is consistent with and furthers the intent of the act. <b>This bill would amend Proposition 2 by expanding the definition of permanent supportive housing to include specified licensed adult residential facilities, residential care facilities for the elderly, and any innovative housing solution in the mental health continuum of care. By expanding the class of facilities that are eligible for funding from the continuously appropriated No Place Like Home Fund, the bill would make an appropriation.</b>	Ref to H & CD
<a href="#">AB 2718</a>	Limón	Homelessness: mental health records. (Introduced: 2/20/2020)	Existing law authorizes a county to establish a homeless adult and family multidisciplinary personnel team, as defined, with the goal of facilitating the expedited identification, assessment, and linkage of homeless individuals to housing and supportive services within that county and to allow provider agencies to share confidential information for the purpose of coordinating housing and supportive services to ensure continuity of care. <b>This bill would express the intent of the Legislature to enact legislation that would create a regional pilot program in the Counties of Los Angeles, Santa Barbara, and Ventura to authorize the sharing of mental health records of homeless individuals.</b>	Introduced
<a href="#">AB 3300</a>	Santiago	Homelessness: grant funds. (Introduced 2/21/2020)	Existing law establishes the Homeless Housing, Assistance, and Prevention program for the purpose of providing jurisdictions with one-time grant funds to support regional coordination and expand or develop local capacity to address their immediate homelessness challenges informed by a best-practices framework focused on moving homeless individuals and families into permanent housing and supporting the efforts of those individuals and families to maintain their permanent housing. Upon appropriation, existing law requires the Business, Consumer Services, and Housing Agency to distribute \$650,000,000 among continuums of care, cities, and counties pursuant to the program. <b>This bill would appropriate, commencing with the 2020–21 fiscal year and every fiscal year thereafter, without regard to fiscal year, \$2,000,000,000 from the General Fund to the Department of Housing and Community Development for the purpose of providing local jurisdictions and other specified entities with ongoing grant funds to sustain or expand efforts to address their immediate and long-term homelessness challenges. The bill would require \$1,100,000,000 to be distributed to counties and continuums of care, \$800,000,000 to be distributed to cities with a population of at least 300,000, and \$100,000,000 to nonprofit housing developers for specified purposes relating to the provision of housing. The bill would require the method of allocation to be based on a formula that considers specified data. The bill would require recipients to comply with funding accountability standards set by the state.</b>	
<b>Criminal Justice/Public Safety Diversion &amp; Pre-Trial</b>				

<a href="#">AB 2105</a>	Quirk-Silva	<b>Criminal procedure: competence to stand trial.</b> (Introduced: 2/6/2020)	Existing law specifies a process for declaring a defendant who is charged with a felony to be mentally incompetent to stand trial. Existing law requires the court to order that the mentally incompetent defendant be delivered by the sheriff to a State Department of State Hospitals facility or to any other available public or private treatment facility that meets stated specifications, or placed on outpatient status. <b>This bill would authorize a court to order a defendant who is charged with a felony and who is not in the custody of the sheriff to self-surrender to a State Department of State Hospitals facility at a specific date and time. The bill would also require the State Department of State Hospitals to provide a patient who self-surrenders to a state hospital with notice directing the defendant to appear in court at a specific date and time.</b>	Amended 3/10/20-Re-Refer to Approp
<a href="#">AB 2339</a>	Muratsuchi	<b>Deferred entry of judgment.</b> (Amendment: 3/11/2020)	Existing law establishes a procedure of diversion for defendants with mental disorders through which the court may grant pretrial diversion, for a period no longer than 2 years, to a defendant suffering from a mental disorder, on an accusatory pleading alleging the commission of a misdemeanor or felony offense, in order to allow the defendant to undergo mental health treatment. <b>This bill would require the Counties of Los Angeles, San Diego, and San Francisco to create a deferred entry of judgment program for defendants who are arrested for disorderly conduct, as specified, public nuisance, or trespassing, and who the court determines have a mental health or substance abuse disorder. The bill would require those counties to assign at least one mental health professional or social worker to collaborate with the court and the county jail to work with people arrested to address housing and services. The bill would require the judge, as part of the deferred entry of judgment program, to require the defendant to participate in programs, chosen by the court and with the advice of the mental health professional or social worker, that are designed to provide assistance, shelter, and treatment for people with mental health or substance abuse disorders. By requiring local governments to implement this program, the bill would create a state-mandated local program.</b>	Not moving forward this session
<b>Juvenile Justice</b>				
<a href="#">AB 2804</a>	McCarty	<b>State property: juvenile detention centers.</b> (Introduced: 2/20/2020)	Existing law authorizes the Director of General Services to dispose of surplus state real property if that property is not needed by another state agency and the Legislature has authorized disposal of the property. Existing law also specifies the manner in which the department is to dispose of surplus state real property. The California Constitution requires that the proceeds from the sale of surplus state property be used to pay the principal and interest on bonds issued pursuant to the Economic Recovery Bond Act, until the principal and interest on those bonds are fully paid, the final payment of which was made in the 2015–16 fiscal year, after which these proceeds are required to be deposited into the Special Fund for Economic Uncertainties, a continuously appropriated fund. <b>This bill would state the intent of the Legislature to explore the reuse and repurposing of juvenile detention centers that have closed or that have a specified vacancy rate.</b>	Introduced
<b>Rules &amp; Regulation</b>				
<a href="#">AB 2028</a>	Aguiar-Curry	<b>State agencies: meetings</b> (introduced 1/30/2020)	Existing law, the Bagley-Keene Open Meeting Act, requires that all meetings of a state body, as defined, be open and public, and that all persons be permitted to attend any meeting of a state body, except as otherwise provided in that act. Existing law requires the state body to provide notice of its meeting, including specified information and a specific agenda of the meeting, as provided, to any person who requests that notice in writing and to make that notice available on the internet at least 10 days in advance of the meeting. This bill would, except for closed sessions, require that this notice include all writings or materials provided for the noticed meeting to a member of the state body by staff of a state agency, board, or commission, or another member of the state body, that are in connection with a matter subject to discussion or consideration at the meeting. <b>(spot bill)</b>	Hearing Postponed-Health